

# Federally Qualified Health Centers, Rural Health Clinics, and Integrated Care

June 10, 2025

Presented by:  
Integrated Care Team, HCPF

# Agenda

1. Framework
2. Frequently Asked Questions
  - Practice Assessment and PMPM
  - HBAI codes
  - CoCM codes
  - STBH Benefit
  - Billing and Reimbursement
3. Presentation Dates and Office Hours

# Colorado Integrated Care Over a Decade

2015

State Innovation Model (SIM) \$65 million initiative impacted integrated care (IC) throughout CO.

2018

Medicaid begins 6 STBH visit benefit.  
Medicare opens the CoCM code set (MA/Commercial payers gradually follow).

2022

HB22-1302 provided \$29 million in grants (seed funding) to establish and expand IC.

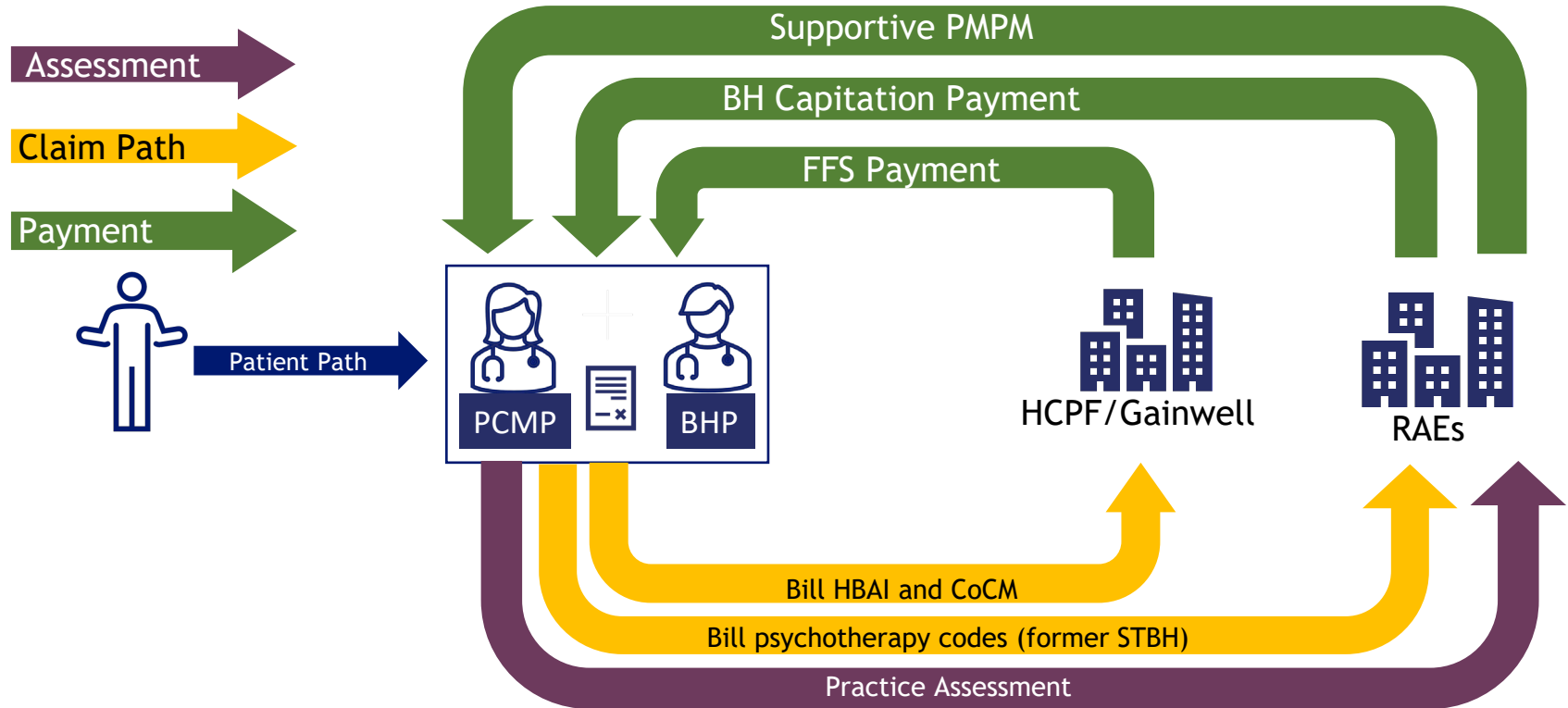
2025

Medicaid IC payment evolution to provide greater IC sustainability.

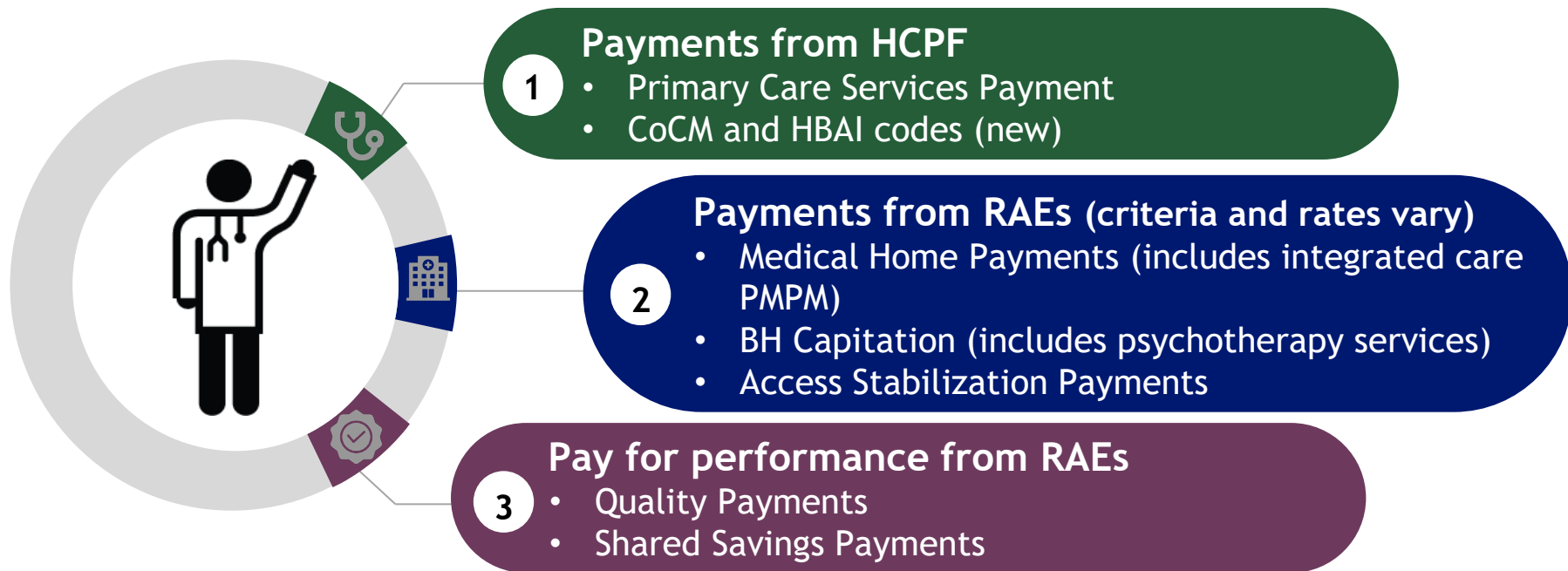
# What is HCPF doing?

- Implementing Integrated Care PMPM through the RAE's (PCMP's only).
- Opening Health and Behavioral Assessment and Intervention (HBAI) codes and Collaborative Care Management (CoCM) codes (PCMP's only).
- All psychotherapy codes, including the short term behavioral health codes, are now in the Behavioral Health Capitation.

# What is the Integrated Care Sustainability Policy?



# Single Comprehensive Payment Structure



# Why is HCPF doing this?

- Sustained integrated care after completion of HB22-1302 funding.
- HBAI and CoCM codes provide increased access to behavioral health care in a primary care setting.
  - HBAI services allow shorter assessment and intervention. Patients don't need psychotherapy.
  - CoCM makes efficient use of scarce psychiatric resources.
  - Both promote equitable outcomes by expanding access for underserved populations, including those in rural areas.
- The policy will grant more flexibility to providers in offering behavioral health services and hiring behavioral health staff, ultimately resulting in increased access and more options to address member's behavioral health needs.



# ACC Phase 3 Integrated Care PMPPM and Practice Assessment



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# What is the Integrated Care PMPM?

- A primary care medical provider (PCMP) is contracted with a RAE to manage the health care needs of Health First Colorado members. PCMPs must be licensed to practice in Colorado and have an MD, DO, or NP provider license. They must also be licensed in a specialty such as pediatrics, family medicine, internal medicine, obstetrics and gynecology, or geriatrics.
- PCMPs may receive additional payment for delivering highly integrated care if they meet the standards for integration of primary care and behavioral health outlined in the Practice Assessment. For information on the Integrated Care PMPM, please see [ACC PCMP Payment Fact Sheet](#).



# What is the Practice Assessment?

- Assessment to evaluate progress along the continuum of advanced primary care.
- Contains a section on integrated care, tied to an additional PMPM for highly integrated practices.
- For information on the Practice Assessment, please see [ACC PCMP Payment Fact Sheet](#).



# What requirements does my practice have to meet on the Practice Assessment to receive the Integrated Care PMPM?

## Question 1

Does the practice have an established relationship with an integrated behavioral health provider available onsite OR via telehealth to patients on site who is readily available to provide brief interventions for patients with behavioral health conditions or those requiring support for behavior change?

## Question 2

Does the practice have an identified interdisciplinary team of champions for advancing Integrated Behavioral Health programming and continuous quality of care?

## Question 3

Does the practice implement a protocol for effective information integration between a patient's physical and behavioral health information that allows timely, collaborative care?

## Highly Integrated Care

If provider answers "Yes" to all questions, they will receive an extra PMPM payment through the Integrated Care Benefit.



**If you are a provider wanting the additional Integrated Care PMPM, please visit:**

**Colorado's ACC Phase III Primary Care Payment Structure**



# Health Behavior Assessment and Intervention (HBAI) Codes



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# What are the HBAI codes?

- Health Behavior Assessment and Intervention
- Focus on brief assessment and interventions to address biopsychosocial needs in a primary care setting
- Led by behavioral health provider in collaboration with a medical provider
- In-person and/or telehealth
- Do not require a BH diagnosis (e.g., chronic pain, diabetes)
- Do not require a psychiatrist consultant
- Well-suited for warm hand-offs/in tandem with PCP visits
- HBAI codes are billed to HCPF not the RAE
  - Includes: 96156, 96158, 96164, 96165, 96167, 96168, 96170, 96171



# Who can provide HBAI services?

HBAI services can be billed by a variety of mental health professionals, including but not limited to Licensed Clinical Social Workers, Licensed Mental Counselors, Licensed Professional Counselors, Licensed Marriage Family Therapists as well as clinical psychologists, and psychiatrists. A licensed primary care physician can also bill.

- These services must be billed by a mental health professional or primary care physician.
- Providers must be a PCMP to bill HBAI codes to HCPF.



# What are the limitations for the HBAI codes?

- HBAI codes and Collaborative Care Management (CoCM) codes cannot be billed together for the same patient in the same month.
- HBAI codes and a psychotherapy code cannot be billed together on the same date of service for the same member.
- MUE limits per code.



# Collaborative Care Management Codes (CoCM)

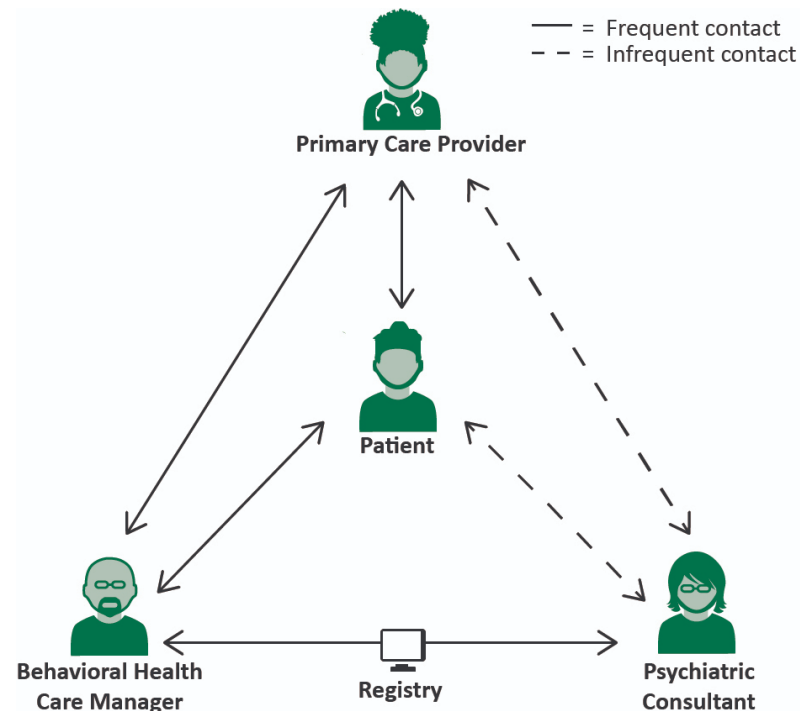


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# What are the CoCM codes?

- Collaborative Care Management
- Focus on providing psychiatric care in primary care setting
  - Requires behavioral health case manager (BCHM), consulting psychiatrist and registry
- Includes 99484, 99492, 99493, 99494, G0323, G2214
- Do not require a BH diagnosis
- In-person and/or telehealth
- Providers must be a PCMP to bill CoCM codes to HCPF



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# What is the role of the BHCM?

- Outreach and engage patients in treatment directed by the PCP
- Perform initial and follow up assessments of the patient, including administration of validated rating scales
- Create individualized care plans for patients
- Enter patients in a registry and track patient follow-up and progress
- Hold weekly caseload consultations with the psychiatric consultant
- Provide brief interventions using evidence-based techniques
  - Ex. Behavioral activation, motivational interviewing, and other focused treatment strategies

# Who can be a behavioral health care manager?

Behavioral  
Health RN

LPC  
(licensed  
professional  
counselor)

LCSW  
(licensed  
clinical  
social  
worker)

LMFT  
(licensed  
marriage  
and family  
therapist)

LAC  
(licensed  
addiction  
counselor)

Psycho-  
logists/MDs



# Who can be a psychiatric consultant?

Psychiatrist

Psychiatric  
Nurse  
Practitioner



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# What is a Registry?

- Tracks clinical outcomes and progress for patients
- Tracks clinical outcomes and progress for population
- Facilitates treatment-to-target by summarizing patient's progress in an understandable and actionable way
- Enables efficient psychiatric consultation and case review



# What are the limitations for CoCM codes?

- A CoCM code and a HBAI code cannot be billed together for the same patient in the same month.
- 99494 may be billed a maximum of two times per calendar month.
- Billing CANNOT exceed
  - 2 hours and 10 minutes in the first month
  - 2 hours in a subsequent month.



# Short-Term Behavioral Health Benefit



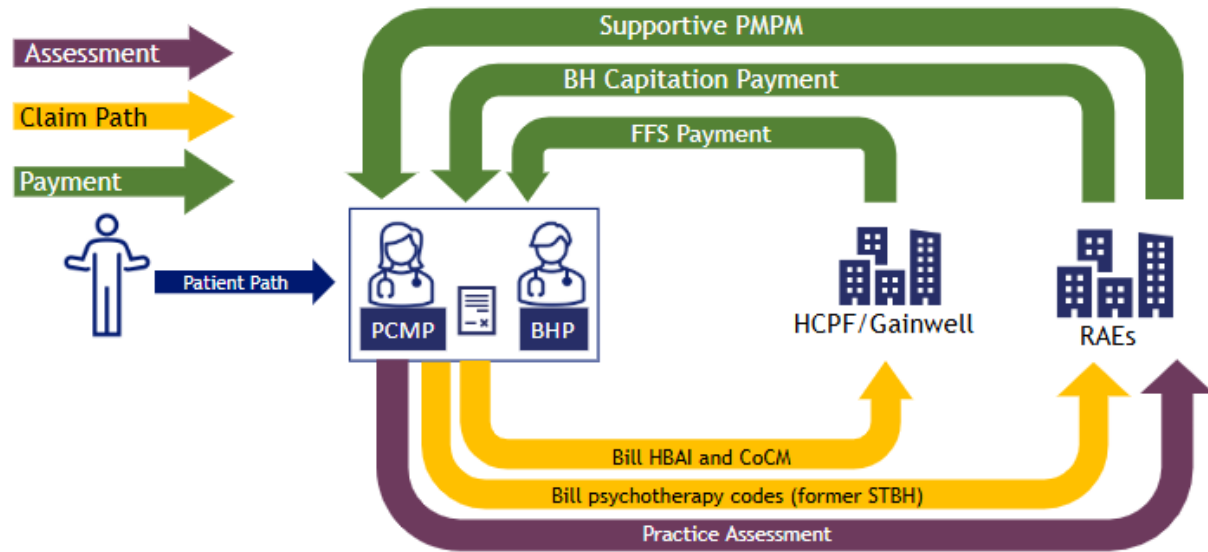
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# How will short-term behavioral health (STBH) codes work going forward?

- The STBH codes (psychotherapy codes) will still be available, but they will be billed to the RAEs through the behavioral health capitation program.



## Code Comparison: Example STBH Benefit to Integrated Care Codes

| STBH Benefit Psychotherapy Codes             | HBAI and CoCM Codes   |
|--|---|
| 90791: Psychiatric Diagnostic Evaluation     | Bill FFS 96156, Health Behavior Assessment OR<br>FFS 99492, Initial Psychiatric CoCM. (CoCM Code)   |
| 90832: Psychotherapy with member, 30 minutes | Bill FFS 96158, Health Behavior intervention, individual, 30 min. OR<br>FFS 99492, Initial Psychiatric CoCM. (CoCM Code)  |
| 90832: Psychotherapy with member, 45 minutes | Bill FFS 96158, Health Behavior intervention, individual, 30 min. AND 96159, Health Behavior Intervention,<br>individual, add. 15 minutes OR<br>FFS 99492, Initial Psychiatric CoCM. (CoCM Code)      |
| 90837: Psychotherapy with member, 60 minutes | Bill FFS 96158, Health Behavior intervention, individual, 30 min. AND 96159 (x2), Health Behavior Intervention,<br>individual, add. 15 minutes OR<br>FFS 99492, Initial Psychiatric CoCM. (CoCM Code) |
| 90846: Family psychotherapy without member   | Bill FFS 96170, Health behavior intervention, family w/o patient present, 30 min. AND 96171, Health behavior<br>intervention, family w/o patient present, add. 15 minutes                             |
| 90846: Family psychotherapy with member      | Bill FFS 96167, Health behavior intervention, family w/ patient present, 30 min. AND 96168, Health behavior<br>intervention, family w/ patient present, add. 15 minutes                               |
| N/A  | Bill FFS 96164, Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes  |
| N/A  | Bill 96165, Health behavior intervention, group (2 or more patients), face-to-face; add. 15 minutes   |



# Billing and Reimbursement



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# Who can be a billing provider for the HBAI and CoCM codes?

The billing provider on the claim must be the PCMP billing as one of the following primary care provider types:

- Clinic (primary care);
- Federally Qualified Health Center (FQHC);
- Rural Health Clinic (RHC);
- Indian Health Services provider (IHS); or
- Non-physician practitioner group.



# How do FQHC's bill?

- FQHCs may bill on the UB-04 claim if the visit meets the definition of an FQHC visit found in [10 CCR 2505-10 8.700.1.B](#). If the visit does not meet the definition of an FQHC visit, the FQHCs capture any applicable costs associated with HBAI and CoCM services on their cost reports.
- These claims should be billed to HCPF as a BH encounter using the 900 revenue code.

# Are FQHC's able to bill group visits?

- No, however, HBAI and CoCM codes can be captured in cost reports. Please see [FQHC webpage](#) for instruction manual on cost reporting.



# Are CoCM codes considered a qualifying visit to trigger an encounter?

Internal coordination such as 99493 would NOT qualify.



If there is interaction with the patient, it must be with a billable provider type to trigger a billable encounter.



An RN or MA would not qualify, but if an NP or LCSW met with the patient in a 99492, it could trigger a billable encounter.

**In order for CoCM to trigger a billable encounter, it needs to first include patient interaction.**

# Can multiple claims be billed on the same day for the same member?

- If a member receives both an integrated care service with a HBAI or CoCM code and a medical service on the same day, a FQHC can submit two (2) claims:
  - One (1) with the HBAI or CoCM service using revenue code 900; and
  - One (1) with the medical service using revenue code 529 for FQHC's and 521 for RHC's.





# What if the claim has other BH services?

- A visit that includes a HBAI or CoCM code and other behavioral health services should include all behavioral health services in the visit on the claim billed to Health First Colorado using revenue code 900.

# What are the limitations for HBAI and CoCM codes?

- FQHCs or RHCs can receive ONE encounter payment for a behavioral health visit for a single patient in one day.
- FQHCs or RHCs may not bill for a behavioral health psychotherapy visit (to their RAE) and an integrated care visit (HBAI and CoCM) for the same member on the same day.
- FQHCs or RHCs may not bill HBAI and CoCM codes for the same member in the same month.
- Medically Unlikely Edits (MUE) limiting use for codes for the same member on the same day.



# Next FQHC/RHC Presentation Date:

Friday, June 20, 2025, 11:30am-12:30pm

## HCPF IC Office Hours:

Friday, June 13, 2025, 9:00-10:00 am

Monday, June 23, 2025, 9:00-10:00 am

Thursday, June 26, 2025, 8:30-9:30 am

# Thank you!